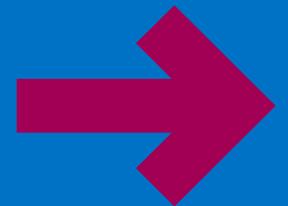


# FFT and beyond

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# What does insight mean?

- Using qualitative and quantitative data to inform what we do
- Using whatever data sources we have - not just surveys but a whole range of market and social research techniques
- Always asking the question, what don't we know?
- As much an art as science

*“The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end”*

*A promise to learn – a  
commitment to act*  
**The Berwick Report**

# The Friends and Family Test Review

- Positive findings: FFT is making an impact
- 78% of Trusts reported that FFT had increased the emphasis placed on patient experience at their Trust
- FFT is being used mainly as a service improvement tool
  - Provides feedback to frontline staff, often boosting morale
  - Feedback is real-time and granular: it tells staff about what is happening in their ward
  - Identifies problems and encourages action to be taken
- Not used widely for performance management
  - Concerns over robustness of data, including comparability between trusts

# Methodology – pros and cons

**Usability**

**Robustness**



# Better quality FFT data

BUT we have been able to make the data more accurate and useful:

- We have mandated the follow-up question
  - We have prohibited the “token” collection system
- Encouraged local collection of demographic data (age, gender, ethnicity)
- Provided best practice guidance on data collection materials to reduce framing and priming
- Reduced motivation to “game” the system by using a simpler score and emphasising FFT’s use as a service improvement tool
  - Payments are not to be attached to inter-trust comparisons

# Encouraging better models of data usage

- Services have been given guidance on best practice
- Advice on how best to use the data within the Trust:
  - Discussing feedback in weekly staff meetings in wards/departments
  - Monitoring all negative comments across the Trust
- NHS England exploring the role of Healthwatch, CQC and other relevant bodies to hold the system to account on the provision and quality of FFT
- Continued work in NHS England and with partners to understand what we can and cannot say about the data, and how best to extract insight from it

# What is FFT?

- FFT is a real-time local feedback tool
- It has different characteristics from national surveys

## FFT

- Real-time
- Ward-level
- Effective for service improvement
- Can be used as early-warning system
- Not representative, not comparable

## National surveys

- Robust, comparable data at Trust level
- Data on a range of issues
- Suitable for performance management
- Not meaningful to front-line staff
- Has not historically changed behaviours

- FFT and National surveys are complementary sources of Insight
- FFT is a *formative measure*: it provides data to improve services
- National surveys are *summative measures*: they provide an accurate picture of relative performance

# A measure and an intervention



# Conclusions and next steps for FFT

- **Ambitions:** Primarily a real-time feedback tool for service improvement
  - May be used to inform patient choice
  - Not suitable for relative performance management, especially with financials attached
- **FFT score:** NPS to be replaced with % who would recommend
- **FFT question:** Steps taken to ensure accessibility for all
- **Data quality:** Methods have been tightened up to make the data more useful
  - But system not to be fully standardised at this time
- **Data usage:** Mandatory use of the follow-up question
- **Patient choice:** Work done to increase awareness and understanding on NHS Choices
- **Communications:** Clearer messages within the service about what FFT is for
- **Next step:** Insight strategy to look at wider feedback architecture

# Means nothing if nothing is done



We look forward to  
working with you

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